DOCUMENT RESUME

ED 361 642 CG 025 050

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TITLE A Review of the Literature on Inappropriate Sexual Contact Between Children: Description, Family Dynamics, and Effects.
PUB DATE 23 Aug 93
NOTE 47p.; Doctoral Research Paper, Biola University.
PUB TYPE Dissertations/Theses - Doctoral Dissertations (041) -- Information Analyses (070)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Child Development; *Children; *Family Life; *Incest; *Interpersonal Relationship; *Sexuality; *Siblings

ABSTRACT

This paper reviews the research literature from 1972 to 1990 relative to inappropriate sexual contact between children. Because of the difficulty in making a clear comparison between studies, the normal child sexual development literature was reviewed to establish a baseline for determining the nature of inappropriate sexual interactions between children and a definition of inappropriate contact was developed which synthesized common elements in definitions used by investigators who have previously conducted research in this area. The prevalence and impact of inappropriate sexual contact between children is established in a review of the relevant empirical studies. The dynamics operating in sibling incest families are identified as are common behavioral patterns that have been observed in such families. It is noted that, despite the lack of breadth and range of studies, most researchers agree that inappropriate sexual interactions between children may cause significant dysfunction for the victims. Additionally, variables which impact treatment and the various treatment approaches currently in use are considered, and treatment recommendations are offered. Overall, the review reinforces the notion that inappropriate sexual contact between children can have significant, long-term detrimental effects on the child perpetrator as well as on the child victim. (Author/NB)

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A REVIEW OF THE LITERATURE ON INAPPROPRIATE SEXUAL CONTACT BETWEEN CHILDREN: DESCRIPTION, FAMILY DYNAMICS, AND EFFECTS

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A REVIEW OF THE LITERATURE ON INAPPROPRIATE SEXUAL CONTACT BETWEEN CHILDREN: DESCRIPTION, FAMILY DYNAMICS, AND EFFECTS

A Doctoral Research Paper

Presented to

the Faculty of Rosemead School of Psychology

Biola University

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

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by

MaryLynne Brown

May, 1993

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This paper reviews the research literature from 1972 to 1990 relative to inappropriate sexual contact between children. Normal child sexual development is used to establish a baseline for determining the nature of inappropriate sexual interactions between children. A definition of inappropriate contact is provided synthesizing common elements in definitions utilized by investigators who have previously conducted research in this area. The prevalence and impact of inappropriate sexual contact between children is established in a review of the relevant empirical studies. The dynamics operating in sibling incest families are identified as are common behavioral patterns that have been observed in such families. Additionally, variables which impact treatment and the various treatment approaches currently in use are considered, concluding with treatment recommendations. Overall, this review reinforces the notion that inappropriate sexual contact between children can have significant, long-term detrimental effects on the child perpetrator as well as on the child victim.

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A REVIEW OF THE LITERATURE ON INAPPROPRIATE SEXUAL CONTACT BETWEEN CHILDREN: DESCRIPTION, FAMILY DYNAMICS, AND EFFECTS

Introduction

Much research has been conducted in the area of parent-child or adult-child sexual contact. Most researchers today agree that such sexual liaisons are inappropriate and potentially harmful to the children involved. However, adolescent and child sexual contact is an area of research that has received little attention. Some studies have cited examples of particular individuals who suffered considerably as a direct result of inappropriate sexual interactions with other children or adolescents (De Jong, 1989; Smith & Israel, 1987; Wiehe, 1990). However, results of other studies have shown no such negative impact (Arndt & Ladd, 1981; Lukianowicz, 1972). The purpose of this paper, therefore, is to review the literature on sexual activities between children and children/adolescents and to summarize the findings documented in this body of literature.

Because children are part of a family unit and are often unable to make independent choices, the present author considers it important to examine closely the role that family dynamics and family characteristics play in households where inappropriate child-child sexual contact occurs. Additionally, other factors which correlate with the presence of inappropriate sexual contact between children are identified and examined.

Sexual Activities Between Children

The plan of this review was to survey the relevant literature in order to identify research that has been conducted on inappropriate sexual interactions between children. Because it is a relatively new area of research activity, there exists a limited number of empirical studies on the topic. However, as in the present review, it is possible from a study of the emerging literature to begin formulating a description of the types of activities that constitute abusive sexual interactions, to determine the prevalence rate in the normal population and in special populations, and to consider the impact these interactions have on the participants. Three significant treatment variables are then considered in some detail and finally, treatment approaches are reviewed and critiqued.

Age Appropriate Sexual Development

While specific norms for describing appropriate sexual interactions among children do not exist at present (Arndt & Ladd, 1981; Johnson, 1988) there is substantial knowledge about the developmental growth of sexuality in children. In his review of the literature on normal sexual development in children, De Jong (1989) found that infants, shortly after their birth, were aware of their sexual organs. In male children penile erections occurred from very early on, and in female children vaginal lubrication was present. It is common for children of both sexes to engage in self-stimulation by the time they are 12 months of age (infancy). As children reach 2 or 3 years of age (toddlerhood) they are able to identify themselves as to gender as either boys or girls. However, they continue to lack body self consciousness and readily display their nude bodies with no apparent sign of embarrassment.

During the next phase, ages 3 to 6, young children became increasingly aware of the difference in their genitals. Masturbation at this phase is fairly common, if not pandemic, and "playing doctor" consists of reciprocal undressing and touching of same age peers. By age 6 or 7 children cease playing doctor and as they enter this latency phase their curiosity about sex is tempered by modesty. At the same time the use of vulgar words and pornography (drawings and magazines) increases. Children's sex education is now gained from their same-sex peer group, and it is also fairly common for a child to bathe with a sibling who is 8 or 9 years of age (De Jong, 1989).

With the onset of puberty and early adolescence (ages 10-13) children's sexual exploration within the family decreases, and heterosexual peer activity slowly grows and takes precedence over same-sex peer activity. It is therefore likely that normal preadolescent sexual exploratory behavior involves siblings and cousins (De Jong, 1989) and that such behavior is motivated by inquisitiveness. This stands in stark contrast to adolescent (ages 14 to 18) sexuality (Kaslow, Haupt, Arce, & Werblowsky, 1981) which is marked by an increasing awareness of the role of genital stimulation in adult sexuality (Finkelhor, 1980).

In summary, sexuality and sexual development play an important role in the growth of the child. At each developmental stage there exist specific age appropriate sexual behaviors in which all children tend to engage. These are normal stages of healthy sexual development through which children progress until they achieve adult sexual maturity with the sexual desires and behaviors that are appropriate to it.

With this understanding of the normal development of sexuality in children as background, it becomes possible to evaluate sexual interactions

among children. As DeJong's (1989) work is the best and most complete available, it is used in the present review to create a theoretical framework for differentiating appropriate from inappropriate sexual behavior. This framework then provides the basis for distinguishing developmentally appropriate sexual behavior from harmful or abusive sexual exploitation (Canavan, Meyer, & Higgs, 1992).

Description of Inappropriate Sexual Contact

There is a lack of consensus among researchers on what constitutes inappropriate sexual contact between children. Typical definitions range from a request to do something sexual at the mildest level to, at the most extreme level, sexual intercourse accompanied by physical injury. Lack of definitional consensus on what is appropriate or inappropriate sexual contact poses some significant difficulties when comparing studies.

Anderson (1979) surveyed 800 elementary school children to ascertain whether a child experiences stage inappropriate touch as unwanted and abusive. He found that children were indeed able to tell the difference between touch they experienced as caring and touch experienced as exploitative. Furthermore, Anderson found that one out of every six children related an instance of a negative touch experience from another person, whether adult or child. This suggests that developmentally inappropriate sexual interactions between children and others (adults or children) do occur and that these interactions are experienced at the time they occur as negative .

Bess and Janssen (1982) utilized a broad definition of abuse which included any physical contact intended to be physically arousing. Smith and Israel (1987) separated sexual contact into two distinct categories: (a) fondling

and/or oral-genital contact and (b) intercourse. Kaslow et al. (1981) investigated a slightly different population, children involved in homosexual incest, and defined sexual exploitation as genital or oral/genital contact. In addition, Kaslow et al. included an age criterion: one partner must be 13+ years old. This age criterion allowed the exclusion of more developmentally normal exploratory behavior among young children.

Margolin and Craft's (1990) definition of sexual abuse included all sexual behaviors from simple exhibitionism through intercourse accompanied by sexual aggression and physical injury. Finkelhor (1980) utilized a broad definition of sexual interaction ranging from an invitation to do something sexual to exhibiting, touching, fondling, attempted intercourse, or actual intercourse or any other activity which seemed sexual to the respondent. In Finkelhor's definition, however, exploitation was indicated if either force was involved or there was a large age difference. Such age difference, two years (Johnson, 1988) to five years (Finkelhor, 1980), allows older siblings to exploit younger siblings without force by misusing authority, misrepresenting moral standards, misusing incentives or misusing their level of sophistication.

Other researchers have defined only completed intercourse (oral, anal or vaginal) as sexual abuse (Cole, 1982; Husain & Chapel, 1983). Finally, a number of researchers have simply indicated abuse had occurred and provided no further clarification of the behavior. Within this category some researchers included self-reported abuse (Herman & Schatzow, 1984; Lukianowicz, 1972; Silbert & Pines, 1981) while others specified only "documented" occurrences of abuse (Muram, Speck, & Gold, 1991).

DeJong's (1989) study utilized one of the broadest definitions of inappropriate sexual contact, emphasizing (a) the unwanted nature of the sexual contact and (b) the difference in ages or developmental levels. This definition can serve as a general guideline which encompasses the elements of many of the definitions noted above. Thus, various definitions utilized by researchers concerning the point at which sexual abuse may be said to have occurred can be synthesized within four specific criteria (De Jong, 1989):

1. Participants were at different developmental stages (an age difference of approximately 2 or more years).

2. Coercion, persuasion, threat, or authority was used to gain the compliance of one participant.

3. Attempted or completed penetration (penile, vaginal, anal) was present.

4. There was documented physical injury to one participant.

In order to make a determination of sexual abuse, any type of sexual activity may be compared to the criteria listed above. If it meets one or more of these criteria the behavior may then be classified as inappropriate or abusive. These criteria can now be utilized to consider the definitions of abuse employed by various researchers and allow some degree of comparison. It is important to note that this definition is devised solely for the purpose of research and for making a classification of a particular sexual interaction for the purpose of study. It does not in any way preclude other types of behaviors from being experienced as harmful by a participant, nor does it necessitate that any behavior within this definition must be experienced as harmful.

Prevalence of Inappropriate Sexual Contact

Another important focus of research is the prevalence rate of inappropriate sexual contact among children. These data provide an estimate of the extent to which abusive sexual contact among children is present in today's society. In addition, if the prevalence rate is moderately high, this will serve to emphasize the necessity for further research in this area.

Methodological limitations. Before reviewing the current research data, it is important to first identify the limitations inherent in this body of research. There exists a scarcity of research in the area of child sexual abuse, and much of it that does exist is embedded within the context of larger studies on incest and/or sexual abuse. Therefore any attempt to draw conclusions from the available research is hampered by three major methodological issues that may cloud a clear understanding of the rate of occurrence of sibling/child sexual abuse. The first of these methodological issues pertains to the many definitions of sibling/child abuse that have been used. As stated above, operational definitions have varied widely from study to study. For example, Russell (1983) defined sexual abuse as any sexual behavior from kissing to forcible rape, while Husain and Chapel (1983) limited sexual abuse to overt sexual intercourse. In order to make a determination of whether or not abuse has occurred it is necessary to develop a coherent definition of inappropriate behaviors between children.

A second methodological issue which contributes to making comparison of studies difficult is the fact that many of the studies sampled specialized populations. Some studies sampled normal populations (Finkelhor, 1980), others studied people serviced by a particular hospital or social service (Bess & Janssen, 1982), while still other studies sampled specific

populations such as prostitutes living in San Francisco (Silbert & Pines, 1981). Therefore, the percentages of sexual abuse victims differ greatly depending on the population sampled. Despite this significant statistical problem, useful information can be obtained by reviewing the statistics presented in each study and carefully considering the population to which the findings may generalize.

The third methodological issue is the sensitive, often embarrassing or even traumatizing nature of the material. Many subjects may be reluctant to report instances of abuse or may even have repressed them. Therefore, the credibility of the interviewer is critical if accurate information is to be obtained (Silbert & Pines, 1981). Bess and Janssen (1982) noted that without a careful interview incest histories are not often disclosed and that for many of their subjects this interview represented the first time they had disclosed the abuse to anyone. Therefore, prevalence rate statistics are probably underestimates. The style of interview appears to have a significant impact on the quality of data obtained. Given the sensitive nature of the material, future research will need to take into consideration the skill of the interviewer.

Despite these rather serious methodological issues, it is useful to evaluate the statistics presented in each study in relation to its specific context. In this way it is possible to make tentative comparisons of prevalence statistics between studies and to formulate some initial hypotheses regarding child sexual abuse prevalence rates within the normal population.

Research. There are three categories of research populations: (a) normal, (b) psychiatric, and (c) highly specialized. The first set of prevalence studies involving normal populations provides the best data for estimating

child sexual interactions in the general population. Though none of these studies has included clear random or stratified samples they represent nevertheless the best estimates that the current literature has to offer.

Lukianowicz 's (1972) sample consisted of 700 patients who had been referred to several clinics/hospitals in Ireland. Although it is unclear to what extent these findings would generalize to populations outside of Ireland, this study is nevertheless included here because it is representative of what is a limited number of empirical studies. Out of Lukianowicz's non-random sample there were 29 (4%) cases of non-parent-child types of incest, brother-sister incest accounting for 15 of these cases. Brothers' ages ranged from 12 to 19 years ($\underline{M}$ = 15.5) and sisters' ages ranged from 8 to 18 years ($\underline{M}$ = 13). Lukianowicz found that sibling incest occurred in 2% of the population. While he failed to describe the interview process or to indicate why the patients had come into the clinic, the importance of this early study is that it provides an initial estimate of the occurrence of sexual abuse among children.

A better statistical estimate was provided by Russell (1983) who utilized a probability sample of 930 women living in the San Francisco area. Subjects were 18 years and older and were interviewed by female researchers who had received 65 hours of training in desensitization to sexual terms. Subjects were interviewed about any sexual abuse that had occurred at any time in their lives. There was a 50% dropout rate attributed to various difficulties. Of those sampled, 3% had been sexually abused by a cousin, and 2% had experienced incest with a brother. Therefore, a total of 5% of this specific population had been involved in inappropriate sexual interactions with another child. This percentage is close to that proposed by Lukianowicz

(1972). Russell (1983) pleaded the urgent need to recognize the magnitude of the problem of child sexual abuse and take action to prevent it.

Finkelhor (1980) sampled 796 college undergraduates in six New England colleges and universities. A paper and pencil questionnaire was given to students in social science and human sexuality classes. This population consisted of subjects who had grown up in non-metropolitan areas (61%), only 1% of whom were African American, and 17% of whom were over the age of 24. Ninety-two percent of the students in the classes participated and of those, 90% of the respondents completed the targeted sections on family attitudes towards sex and childhood sexual experiences with other children. Finkelhor found that 13% of his sample reported a sibling sexual interaction, and 3% of the sample met the criteria for an inappropriate sexual interaction. This percentage is commensurate with the statistics indicated above. The investigator found that in younger children exhibition was common and that in adolescents intercourse was typical. He found as well that incidence of fondling and touching of genitals was consistent across all ages.

A second category of prevalence studies involves those conducted with psychiatric/clinical populations. Bess and Janssen (1982) randomly selected as subjects patients who had presented themselves to the walk-in evaluation unit of a large metropolitan psychiatric hospital during the months of July and August, 1977. The Bess and Janssen study included 32 subjects whose ages ranged from 24 to 59 years. Subjects were interviewed by trained medical students using a standard intake, psychiatric examination, mental status exam, and a complete psychosexual history. Each interview lasted for one hour with an occasional follow up visit scheduled. Of those interviewed

31% (n = 10) disclosed a history of incest and 7 of those 10 victims, 21% of the sample, reported a history of sibling incest. Type of sexual act ranged from fondling to vaginal intercourse, and 70% of incest victims gave a history of adult sexual impairment. There was no significant difference in incidence between men and women (5 women and 5 men). This figure is clearly higher than that of the general population and suggests the possibility of a correlation between patients who present to a psychiatric hospital and those persons who experienced inappropriate sexual contact as children. However, the small sample size makes it difficult to place too much reliance on generalization of these percentages.

In another study conducted at a child psychiatric hospital in Missouri, Husain and Chapel (1983) sampled 437 girls, 18 years of age and younger, who were admitted to a child psychiatric facility in Missouri. The interview conducted as part of the study consisted of nonthreatening questions about sexual experiences, including those with other family members. Overall, the researchers found that 3% of these girls had been abused (overt sexual intercourse) by an older brother or half-brother. The mean age at the time of abuse was 11.7 years and the mean age of the brother at the first incest was 16 years. The authors concluded that a large number of girls report exposure to incestuous relationships and the victim is often preadolescent.

Smith and Israel (1987) working with Boulder County Department of Social Services in Colorado found an increasing number of sibling incest cases over three successive years of providing treatment (N = 25). Providing treatment usually correlates with higher incidences of reporting. Therefore, when treatment is available, incest surfaces more frequently. An extensive interview was used to obtain information about sexuality within the home.

In 1983 8% of all treatment cases involved sibling sexual abuse. The percentage of treatment cases involving sexual abuse rose to 13% in 1984 and to 17% in 1985. A mean of 13% of sibling incest cases was found for that three year period. The age of the perpetrator ranged from 9 to 20 years with a mean age of 13.2 years, while the mean age of the victim was 9.1 years. Overall, 89% of victims were girls and 80% of perpetrators were boys; 72% of abuse incidents involved fondling or oral/genital contact, and 28% involved intercourse. In 72% of the cases of sibling incest, either the mother or father had themselves been abused as children. In 76% of the cases extramarital affairs were occurring, and in the cases of female perpetration, all of the mothers of female perpetrators were involved in extramarital affairs at the onset of perpetration.

In summary, a review of the literature reveals a higher incidence of child/sibling sexual abuse in psychiatric/clinical populations than in the general population. The statistics range from 3%, consistent with that found in the general population, to 17% and 21% in the psychiatric populations. These figures suggest that there may be a higher frequency of inappropriate sexual behaviors among child victims in the psychiatric population than in the normal population.

A third group of prevalence studies involves those conducted with highly specialized populations. While these figures contribute little to the understanding of the overall prevalence of sibling sexual interactions, they do provide insight into how high the prevalence rates can be in certain populations. Additionally, this information has significant implications for treatment in that it suggests which populations may be more at risk for inappropriate sibling/child sexual interactions.

De Jong's (1989) study involved 831 subjects under the age of 15 who reported to a sexual assault center over a period of 7 years. There were 146 boys, with a mean age of 8.2 years, and 685 girls, with a mean age of 8.8 years. Out of this population of sexually abused subjects he found that 10% (n = 84) had been incest victims of either siblings or cousins. Four percent (n = 35) of subjects had been abused by siblings and 5.9% (n = 49) by cousins. All siblings had been abused by brothers, and most (n = 31) gave histories of attempted penetration. According to De Jong, these figures represent a significant percentage of that population.

Johnson (1988) studied 47 male children who were being treated in the SPARK Program (Support Program of Abuse-Reactive Kids at the Children's Institute in Los Angeles) between January, 1985 and June, 1987 as child perpetrators of sexual abuse. Child perpetrator ages ranged from 4 to 13 years at the time of referral with a mean age of 9.7 years. Nearly half of the sample (53%) were from middle class families, and 47% were from lower class families; 44% of the subjects were Caucasian, 28% were African American, and 28% were Hispanic. Also, 73% of the parents and/or grandparents used drugs and/or alcohol. The investigator found that in 46% of the cases the perpetration involved siblings, that is, nearly one half of perpetrators had chosen siblings for victims. There were 11 cases of brother-sister incest and 12 cases of brother-brother incest.

Margolin and Craft (1990) were interested in perpetration by adolescent caregivers (subjects between the ages of 12 and 19). They selected 768 cases of sexual abuse from the Iowa Child Abuse Registry and found that adolescent perpetrators were predominantly male (84%) and victims were predominantly female (68%). This finding was statistically different from

adult caregivers where 93% of abusive caregivers were male ($p = .001$), and 77% of adult caregiver's victims were female ($p = .005$). One-way analysis of variance revealed that the age of the caregiver was significantly related to severity of the sexual abuse. The investigators found that the child's age did not appear to affect severity of sexual abuse—only the caregiver's age ($p = .005$). Adolescent caregivers were observed to commit more sexual abuse than older caregivers, and their abuse was more likely to involve intercourse and physical assault than was observed for older caregivers. Sibling incest occurred in 21% of these cases. While the victim of sexual abuse is typically female, it is startling to note that fully 32% of the victims in Margolin and Craft's study were males. Therefore, when considering allegations of sexual abuse or considering which siblings of known perpetrators to protect, it would be well to consider the boys as well as the girls.

Herman and Schatzow (1984) selected subjects for their study from a population of local agencies and private practitioners. The women ranged in age from 16 to 53 years old and were predominantly Caucasian women from working or middle class homes. These subjects were divided into 5 short-term therapy groups which met once a wweek for ten 90-minute sessions. Treatment included introductions and establishing basic rules, goal setting and story telling, realizing goals, termination, and a six-month follow up. At six-month follow up the results of completed questionnaires (71%) indicated that the most helpful part of the treatment was talking with other incest survivors. In addition, 85% of respondents stated that as a result of treatment they had improved self esteem, 80% felt less guilty, and 75% felt less isolated. Of the 30 incest subjects selected to participate in their study, 23% had been molested by a sibling. While father-daughter incest has typically been

considered the most prevalent type of incest, this percentage of sibling incest nevertheless is quite high.

Kaslow et al. (1981) studied the phenomenon of homosexual incest. These investigators reviewed the literature and surveyed 44 cases of homosexual incest finding that in 13% of these cases (n = 6) siblings had been involved. The inclusion of 2 cases of cousin incest brings the figure of incest among children up to 18%. In their sample, Kaslow et al. found serious pathology in sister-sister incest (n = 2) but not in brother-brother incest (n = 4). Overall, the authors suggested that approximately 18% of homosexual incest represented inappropriate sexual contact between children.

Silbert and Pines (1981) drew their sample of 200 women from a specialized population pool: female prostitutes in the San Francisco Bay Area. Subjects ranged in age from 10 to 46 years of age with a mean age of 22; 70% of current prostitutes were under 21 years of age. The demographics of this sample was comprised of 69% Caucasian, 18% Black, 11% Hispanic, and 2% American Indian subjects. These subjects were interviewed by members of the Delancey Street Foundation. All Delancey members were former prostitutes and had themselves been victims of sexual assault. Such interviewer credibility was deemed critical in the effort to obtain accurate information. Interviews included information on personal background, history of sexual assault, history of juvenile sexual exploitation, and plans for the future. This study showed that 60% of the prostitutes had been sexually abused by someone as a minor and that 28% had been sexually abused by a brother. Mean age at first time of victimization was 10 years; in 82% of the cases force was involved. Silbert and Pines' study indicated that in the

majority of cases (70%) the abuse had contributed to subjects' entry into prostitution.

Finally, Wiehe's (1990) self report questionnaire study, conducted with 150 subjects who identified themselves as victims of some type of sibling abuse, showed that 76% of them reported having been sexually abused. Of this sample, 89% of the respondents were females and 11% were males; their ages ranged from 18 to 77 years, with an average age of 37 years. Eighty-five percent of the sample was Caucasian, and 12% was Black. Wiehe's study provided case examples of sexually inappropriate behaviors between siblings and clearly documented the abusive nature of these sexual contacts. His study also suggested that when children abused each other, sexual contact was involved in a majority of the cases.

In summary, the results of these studies demonstrate a wide variance in prevalence figures. Such figures ranged from 2% of child/sibling sexual abuse among the general population, to 17% - 21% of child/sibling sexual contact in psychiatric populations, to considerably higher prevalence rates among other specialized populations. Many researchers have hypothesized that the statistics obtained are most likely underestimates, which suggests that these figures are conservative. Thus it appears that the prevalence of inappropriate sexual interactions among children is significant and demands the attention of the professional community.

Impact of Inappropriate Sexual Contact

Thus far, a review of the literature has provided a description and definition of inappropriate sexual contact between children and an estimate of the prevalence of such contact (2% - 3% of the general population). A

question that follows naturally is what impact inappropriate sexual contact has on the participants, particularly on the victims.

Lukianowicz (1972) indicated in his study that sibling incest is not particularly harmful to either of the participants. Similarly, Kaslow et al. (1981), in their review of case studies of homosexual incest, came to the general conclusion that father-son incest results in serious psychopathology but not so in brother-brother incest.

While Kaslow et al. (1981) failed to find any significant psychopathology which correlated with sibling incest, their results may represent certain limitations in the literature of that period in time. Sibling incest and inappropriate sexual behaviors between children are only now beginning to receive significant attention in the research community.

Finkelhor (1980) stated that his data reveal a fairly even split between those subjects who felt that sexual contact was positive and those who did not. Thirty percent reported that the experience had been positive, 30% that it had been negative, and 40% that they did not feel strongly either way. In differentiating between positive and negative experiences three of the four criteria stood out: (a) the age difference, (b) the use of force, and (c) the type of sexual experience. A sexual experience was viewed more positively if it had been limited to genital exhibition. At the same time, engaging in sexual intercourse did not necessarily appear to impact individuals negatively. Similarly, Finkelhor found that the absolute age of participants did not affect whether the experience was perceived as negative or positive.

In considering the possible effect of sibling incest on later sexual adjustment, Finkelhor (1980) found that women who had had sibling sexual experiences were more likely to be sexually active as adults. This difference

held true when subjects were compared with matched controls who had had other types of sexual experiences with non-siblings. It appears that there is something about the sibling relationship which makes the difference. This finding suggests that future research on incest and inappropriate sexual interactions between children should separate incest and sexual abuse into different subcategories.

Jackson, Calhoun, Amick, Maddever, and Habif (1990) compared 22 women who had experienced childhood sexual abuse with a control group of 18 women. The investigators found that sexual abuse victims reported higher levels of depression ($p > .05$), lower levels of self esteem ($p > .05$), and poorer body image ($p > .01$).

Wiehe (1990), on the other hand, found that nearly every respondent in his study reported low self esteem. Women abused by brothers developed attitudes towards men characterized by distrust, suspicion, fear, and even hatred. The study showed that "this has significantly affected their ability to relate to men and especially to form intimate relationships with men" (Wiehe, 1990, p. 112). Such victims tended to continued blaming themselves and many struggled with eating disorders, alcoholism, drug abuse, and depression. The investigator also concluded that "the stories of the victims and the sexual abuse they experienced from a sibling are tragic, filled with shame, guilt, embarrassment, and anger, emotions that still haunt many" (Wiehe, 1990, p. 71).

Bess and Janssen (1982) found that 70% of the incest victims in their study reported histories of adult sexual impairment. Similarly, a case study by Cole (1982) described subjects as struggling with intimacy, self-esteem, and trust, as well as experiencing sexual difficulties. Subjects in Cole's case studies

reported feeling hurt and anger at the time of the abuse, as well as feeling gratification from the attention and affection which accompanied the abuse. Similarly, Ascherman (1990) reported incidences where sexual contact between siblings had been harmful and had had longterm deleterious effects.

Both Silbert and Pines (1981) and Johnson (1988) found that a significant proportion of subjects in their studies had been abused as minors and that "the physical, emotional, and attitudinal impacts of the sexual abuse were extremely severe" (Silbert & Pines, 1981, p. 509). Moreover, the abuse had influenced these individuals to engage in inappropriate sexual behaviors of their own. For example, some subjects stated that the abuse had contributed to their entry into prostitution. Others indicated that their own sexual abuse had preceded their perpetration of sexual abuse with others. Such results suggest a correlation between being sexually abused and abusing others. However, it is unclear which aspects of the abuse affected the victim's own sexual acting out. Perhaps role modeling taught the victim that this was one way of relating to another person. Or, perhaps victims chose a less powerful person than themselves to abuse, in turn. Many other hypotheses could be generated in this regard, and further research is needed to identify which aspects of sexual abuse contribute to abuse victims who in turn abuse others. However, current studies suggest that being sexually abused correlates with becoming abusive, thus perpetuating the sexual abuse cycle.

In summary, the majority of studies showed that subjects were negatively impacted by the abuse experience. Furthermore, results of empirical studies as well as case studies suggest that experiencing sexual abuse as a child can have a significant and pervasive impact on an individual's adult development. The abuse experience can impact such areas as sexual

functioning, self esteem, and a female's ability to relate to men. Finally, the potentially pervasive and deleterious effects of inappropriate child/sibling sexual activity demands careful consideration, both in future research and in the development of treatment approaches.

Family Characteristics

In this section, the role of the family as it relates to the occurrence of sibling incest is considered. Because children are part of a family unit, it is important to identify those characteristics which correlate with the presence of sibling incest. Sexual abuse is also noted to be present in families through multiple generations. This phenomenon is identified and explored.

Family Systems

While sibling incest can be understood to be an activity between two children, certain characteristics of the "incest family" may allow these patterns of interaction to develop and continue. An analysis of incest must include a consideration of the family system which allows the sexual abuse of children (Madonna, Van Scoyk, & Jones, 1991).

Smith and Israel (1987) studied families in which brother-sister incest had occurred and identified specific dynamics operative in such families. These authors found an interesting difference between the dynamics of sibling incest families and those of father-daughter incest family systems. Families where the father was the perpetrator, according to Smith and Israel's observations, tended to have loose boundaries, mothers absent from the home, and fathers always present in the home. They also found that fathers in such families lacked the confidence to go outside of the home to have their sexual needs met.

Families where brother-sister incest had occurred, on the other hand, were characterized by rigid boundaries, a puritanical mother, the absence of one or both parents from the home, and extramarital affairs (Smith & Israel, 1987). Smith and Israel hypothesized that parental infidelity fosters a sense of impending family dissolution and abandonment which in turn propels siblings to seek security and affection from each other. This mutual comfort seeking then progresses to include sexual relating. In addition, the authors suggested that extramarital sexual relating by the parents may model for the children sexual relating as a sole means for achieving emotional closeness.

Daie, Witztum, and Eleff (1989) suggested that there are two subtypes of brother-sister incest which differ in the motivation behind the sexual behavior. In the first, the behavior is motivated by a need for natural affiliation and affection, perhaps in response to absent parents and the resulting lack of affection. In these cases, brothers and sisters turn to each other to find that missing affection (De Jong, 1989).

The second type of incest experience is more power/control oriented, the perpetrator needing to exercise control over the victim (Daie et al., 1989). The younger sibling provides an easy target who is readily available, and often brothers have a considerable amount of unsupervised access to their sisters (Canavan et al., 1982). Husain and Chapel (1983) suggested that the incestuous brother may be acting out of his own feelings of sexual inadequacy among his peers, and thus may turn to the relatively less threatening sister to satisfy his curiosity and sexual needs.

In attempting to identify common elements in sibling incest families, three distinct family dynamics stand out especially. The first dynamic is that parents are distant or inaccessible to their children (Canavan et al., 1982; Daie

et al., 1989; Mrazek, 1983; Smith & Israel, 1987). For example, one or both parents are either physically absent from the home (at work, or living elsewhere) or simply not emotionally available to the children whether due to alcoholism, personal crisis, or personal dysfunction. In either case, the child does not have a close connection with his or her parents. So, the emotional or physical absence of one or both parents may create an environment in which these needs are met through inappropriate sexual intimacy between siblings (De Jong, 1989). De Jong found that 83% of sibling incest and 76% of cousin incest occurred in single parent homes or where two single parent families were cohabiting.

A second family dynamic involves parents who foster an open sexual climate in the home. Smith and Israel (1987) found that 48% of the child perpetrators with whom they had worked had observed some type of sexual activity within the home. This sexual climate/tone was picked up by the children and influenced the inclusion of a sexual component in their intimacy. Silbert and Pines (1981) noted in their study of prostitutes in the San Francisco Bay area that 50% of them had been abused as minors. These girls felt driven to leave home because of the chaos and sexual abuse which was occurring there. De Jong (1989) hypothesized that incest families fail to protect the child by setting appropriate limits.

A third family dynamic identified among incest families is a sense of family secrets and extramarital affairs (Smith & Israel, 1987). When extramarital affairs occurr and are not talked about, a need to keep secrets from family members develops. This tone, or unspoken rule, is picked up by the members of the family and becomes part of the child's style of relating within the family and in the larger community. Therefore, one might

postulate that children maintaining the secrecy of their incest is very much in keeping with the unspoken rule of secrecy in the family (Ascherman, 1990), and this serves to further isolate the family from outside interpersonal relationships (Kaslow et al., 1981).

A fourth dynamic in incest families involves the denial of family members' true feelings. Madonna et al. (1991) studied the belief system of sibling incest families and found that members' true feelings are denied. As the family requires its members to deny their true feelings and accept distorted family beliefs, each person's own reality and perceptions are as a consequence impaired or even denied. This contributes to restricted communication and blurred family roles (Ascherman, 1990). Although the incest family has strong external boundaries, within the family system members are overly dependent on each other, enmeshed, and willing to give up their own autonomy in order to belong. In fact, independent thoughts, feelings, or actions are considered by the family to be destructive (Canavan et al., 1992).

In addition to these four observations of family dynamics, two additional variables are predictive of sibling incest: (a) conflicts between parents and children and (b) parental alcoholism (Bess & Janssen, 1982; Martin & Walters, 1982; Silbert & Pines, 1981). Results suggest that alcoholic parents are more likely to allow the occurrence of incest.

Di Pietro (1987) devised a study to test the extent to which maladaptive elements of the family produce family pathology and allow incest behavior to occur. This theory suggests that sexual abuse is simply one evidence of a disturbed family system. Subjects ($\underline{N}$ = 60) between the ages of 11 and 21 years were contacted through social service agencies in Utah, California,

Oaklahoma, Nebraska, and Colorado. Subjects were divided into four groups: 15 subjects were victims of child sexual abuse, 15 were nonabused sisters, and the other 30 were matched nonvictim control sister sets. Four areas were selected for study: (a) neuroticism, (b) adjustment, (c) locus of control, and (d) self concept. Because the investigators assumed that level of sexual functioning was a straightforward consequence of incest, they chose to measure these more subtle characteristics.

Di Pietro (1987) found no significant differences on any of the four variables between any of the four groups of subjects. This was an unexpected finding, one which challenges the original assumption of the existence of common or universal characteristics of incest victims or their family system. In analyzing the results of the study Di Pietro noted that it was particularly difficult to locate families in which only one sister had been abused. Also, both victims and their sisters had been in therapy for some time. This may also have contributed to the failure to find any group differences (Di Pietro, 1987).

Overall, certain characteristics of sibling incest families are apparent. There tend to be distant or absent parents, an open sexual atmosphere in the home, the existence of extramarital affairs, and a denial of family members' true feelings. Sibling incest appears to fall into two subtypes: (a) those incidences which are motivated by affection and (b) those which are motivated by control. This list of characteristics is helpful in that it identifies dynamics professionals need to be alert to when assessing and treating families.

Multi-Generational Factors

In considering family systems involved in incest, there seems to be a pattern of sexual abuse transmission to subsequent generations. Intervention is therefore imperative not only to heal the current incest victim, but also to stop the transmission of incest to these subsequent generations.

Several authors have noted the presence of the pattern of sexual abuse within families, but indicate that this pattern is difficult to explain and understand (Fortenberry & Hill, 1986; Smith & Israel, 1987). Because the area of sexual abuse within families is only beginning to receive rigorous study, there are no documented data to clarify the cause of this pattern. However, case studies document the existence of such patterns and family systems theory notes the tendency for alcoholism, sexual abuse, and physical abuse to run in families. In a case presentation of sister-sister incest, Fortenberry and Hill (1986) noted that sibling incest followed after father-daughter incest had ceased. A closer look at this case study reveals incest on both sides of the family, both same generation and cross generation, both heterosexual and homosexual. In their study of child perpetrators, Arndt and Ladd (1981) found that in 67% of the cases either a parent or grandparent of the perpetrator had been a victim of sexual abuse. Similarly, Smith & Israel (1987) found that 72% of sibling incest families had mothers or fathers who had themselves been abused as children.

Treatment Variables

The literature provides a number of suggestions to therapists regarding issues to be considered when treating a child or an adult who has been

sexually abused as a child by another child. This section of the paper attempts to identify relevant issues in treatment and discusses treatment implications.

A comprehensive study of treatment strategies for persons sexually abused as children constitutes an entirely separate body of literature on a topic not covered in this paper. However, some general recommendations and treatment approaches are highlighted based upon the work of authors cited below. These topics are covered only briefly, thus requiring that other clinical resources be consulted for a more complete summary of treatment approaches.

Victim's Response to Abuse

Wiehe (1990) found that child victims, following an abusive episode, tended to respond in a fairly consistent pattern which he labeled the sexual abuse accommodation syndrome. This syndrome is comprised of five stages in the experience of most victims. The first stage is a period of secrecy. This may be elicited by the perpetrator through threats, or may be engaged in by victims through their own sense of confusion and perhaps shame. Whatever the motivation, the vast majority of individuals do not share the experience with anyone else (Finkelhor, 1980). Interestingly, it appears that victims who have had the most exploitative experiences are the most silent.

The second stage of the syndrome involves feeling helpless and powerless (Wiehe, 1990). It is not uncommon for victims to report that they did not fight back. In fact, some victims feigned sleep and others tended to acquiesce or submit. Authors hypothesize that perhaps this is because they were young and did not know what they were doing. Other victims may have been seduced into participating or they may have been threatened into silence. In many of these cases, the victims also tended to later blame

themselves. In all of these instances victims tended to view themselves as powerless and helpless.

As victims feel powerless to stop the abuse they move to the third stage of the accommodation syndrome, that is, feeling trapped. In order to survive a very stressful, abusive situation, the victim must accommodate to the ongoing abuse. Therefore the abuse is redefined as a necessary part of life and children incorporate it into the pattern of their lives. This coping mechanism allows victims to survive particularly awful situations.

The fourth element of the syndrome is a delayed or unconvincing disclosure. Perhaps the abuse reaches a more extreme level, or perhaps as children grow they perceive themselves as having more power. Therefore, some children do disclose. However, the victim may have been threatened to maintain silence, or the abuser may have predicted that no one would believe the report. Therefore, the victim may be fearful that the report will not be accepted and may present it in a less than confident fashion. At this point some children receive help. However, if the disclosure is not accepted and believed by an adult, it is then followed by the fifth element of the syndrome: retraction. For victims who are not believed, it may be easier to retract the initial disclosure than to endure the added discomfort of repeating the abuse story and being punished for it (Wiehe, 1990).

Understanding this syndrome of victim response has clear implications for treatment. First, a careful evaluation of the child will allow an informed therapist to determine at what stage the victim is in the sexual abuse accommodation syndrome. This would prevent true victims from being missed because they made an unconvincing disclosure, or because they are in the process of retracting it. At either of these points, the therapist can

provide a powerful intervention by believing the child and educating the family as to the elements of the accommodation syndrome.

Associated Friends of Victims

The majority of studies considered thus far have utilized subjects who have reported the occurrence of abuse. A verbal report of an incident is usually taken as sufficient evidence for believing that abuse has occurred. The Tennessee Department of Human Services (Muram et al., 1991) utilized a medical examination of the genitalia of the victims (all female in this study) to provide corroboration for the allegations of sexual abuse. The results of all genital exams were identified as falling into one of three categories:

1. Normal appearing genitalia were those showing an absence of tearing or scarring of tissue.

2. Non-specific results were reported in those cases in which there was some indication of injury or trauma to the tissue, but this could have been caused by infection or a non-abuse injury to the tissue.

3. Specific findings were reported in those cases in which there was significant scarring or tearing of tissue strongly suggestive of the type of trauma caused by sexual abuse.

In addition to evaluating victims when allegations of sexual abuse had been made, the clinic also developed a program to evaluate both siblings and close friends of these victims. These other children were potential victims in that the perpetrator (adult or child) had had easy access to them as well (Muram et al., 1991). Although these girls had not disclosed any form of abuse, the results of the examination showed that many of them had positive genital findings for sexual abuse. Surprisingly, fully 45 of the 59 girls who were friends or siblings of victims had some type of abnormal genital

findings. Further, this group was more likely to have abnormal genital findings indicative of sexual abuse ($p = .001$) than the identified victim group. Thus, there was a greater likelihood that a friend or sibling would have positive findings than would the disclosing victim.

Because many victims never tell anyone of their abuse, or are not believed when they first disclose the abuse, it is extremely difficult to intervene and stop it. Muram et al. (1991) have identified one way of locating these hidden victims, that is, evaluate the siblings and friends of children who disclose abuse. Perhaps it is the passivity of the hidden victims which accounts for their failure to disclose the abuse (Arndt & Ladd, 1981; Muram et al., 1991). If this is true, these victims may have been involved in long periods of abuse.

Muram et al.'s study suggests that in addition to multi-generational patterns of incest, there may be multiple victims within the same household. Treatment implications clearly support the need to carefully evaluate other potential victims in the identified victims' households, as well as friends or playmates. The victim may also be encouraged to share her "secret" with her friends. Perhaps, this would allow other victims to come forward and disclose their own histories of abuse.

The Disclosure of Abuse

Once the incest experience has been disclosed, each adult's reaction plays an important role in the child victim's progress towards recovery. Very often the mother is the first person to whom the child discloses. Therefore, it is valuable to consider how the mother's reaction to her child's disclosure of incest impacts treatment and recovery. As has been discussed previously, family dynamics play an important role in providing an environment in

which incest can occur and in helping to maintain that environment. The role of the mother as a confidante and also her reaction to her child's disclosure can have an equally strong impact on the course of the child's recovery.

Wiehe (1990) found that the parent's response to the child's allegations of sexual abuse has a direct influence on how that same abuse impacts the child in later life. He found that parents who intervened and stopped the abuse appear to have minimized the harmful effects of the abuse on the child's development. However, when parents responded with indifference through minimizing the abuse, blaming the victim, or disbelieving that the abuse was occurring, the victim was more likely to suffer negative effects.

Sirles and Franke (1989) examined the factors that influence a mother to believe or disbelieve her child's report of child or adult incest. First, they found that it was easier for mothers to tolerate reports of incest with another family member than with the mother's spouse (e.g., sibling). Additionally, the age of the victim appears to be important, that is, the younger the victim the more likely it is that the mother will believe the disclosures. It could also be hypothesized that younger children have a limited repertoire of experiences from which to fabricate incest experiences. Second, in the presence of ongoing physical abuse by the perpetrator, the mother is less likely to believe charges of sexual abuse. Perhaps she feels that the victim is escalating the charges in order to have a greater impact or gain leverage. Third, if the mother was not home during the abuse incidents, she was even more inclined to believe that the abuse had occurred(89.2%). However, if she had been present in the home the mother believed the occurrence of abuse in only 63.8% of the cases.

Despite these factors in not believing the child, Sirles and Franke (1989) found that overall 92.3% of mothers believed in the turth of the child's report of incest if the offender was any relative other than a spouse. (This figure was lower if the perpetrator was a spouse.) It is interesting to note that while fully 77.8% of the offenders denied the allegations of abuse, this did not appear to impact whether or not mothers believed their children (except in cases where the abuser was an alcoholic). Therefore, it appears that overall the majority of mothers did believe the child's report of abuse. This finding challenges the commonly held belief that mothers are covert co-conspirators in the abuse.

Several treatment implications may be drawn from the Sirles and Frank (1989) study. One implication is that the response of the mother to a child's disclosure has an immediate and strong impact on the child's ability to recover from the abuse with a minimum of resultant trauma. This suggests that initial treatment needs to focus on educating the parents on their curative role in believing and supporting their child. Providing this information to the parents in the initial stages of treatment allows them to respond more quickly and perhaps with greater assurance.

Another implication for the treatment of victims is that the offender's denial of abuse should be suspect until clear evidence is obtained. Treatment for the abusers themselves may need to focus on breaking through their strong denial mechanisms. Perhaps a perpetrators' group would provide the best type of therapy experience. In this setting perpetrators who are still in denial will be confronted by perpetrators who have been able to see through their defenses and challenge them.

Treatment Approaches

Three types of treatment approaches are addressed below. First, family treatment is discussed as are issues which are specific for successful treatment in which either the entire family or parts of the family are involved. Second, attention is given to a treatment approach for working with a child in individual therapy with mention of specific benefits to be gained from this treatment form. Third, there is an evaluation of the treatment of adults who had been abused as children.

Family Treatment

In this section, studies are reviewed which are concerned with family dynamics. Treatment implications for the family system are identified and discussed.

Several authors (DeYoung, 1981; Fortenberry & Hill, 1986; Kaslow et al., 1981; Smith & Israel, 1987) have suggested that treatment involve the entire family. In such an approach it becomes possible to address otherwise hidden persons who may already be victims or who are themselves in danger of becoming victims. The therapist may choose later to work with any one of several family subsystems, for example, sibling, parent-child, or any other appropriate subsystem.

Another important consideration is child custody procedures that allow children to remain in the care of the mother or another "safe" family member. Without knowing the full extent of abuse and history of abuse, those at risk may not adequately be protected (DeYoung, 1981).

One important aspect of family therapy is the impact the incest has on the non-offending or non-victimized siblings (DeYoung, 1981). While they may not themselves have experienced abuse directly, they nevertheless share

the same role collusion occurring in the family and are likely to be affected by it. DeYoung found that the siblings of incest victims often knew at some level and, consciously or unconsciously, may have participated in setting up the victims. This would have been true particularly if the initiation of incest began with a rape or with threats to insure silence. In these cases, siblings may fear for their own safety. At the other extreme, siblings may be aware of what is going on and feel jealous of the attention and special favors conferred upon the chosen sibling. They may feel rejected because they were not chosen, and this may in turn lead to some form of psychopathology.

Treatment for Individual Children

Banmen (1982) offers effective treatment procedures for use with children seen in individual therapy. First, it is necessary to recognize the signs of incest, so that intervention may occur at the earliest possible time. Second, it is critical to believe the child's report. Even if the child is fabricating a story, there is most likely something going on which merits attention. Therefore all allegations of sexual abuse need to be taken seriously. Third, a vital component in effective treatment is the therapist's ability to offer a supportive ear to hear what the patient is saying. Allowing the child to talk about the abuse, and even draw pictures provides healing as the patient releases pent up emotions (Burgess & Holmstrom, 1975). Fourth, it is essential that support and guidance be offered to the family as a whole and not solely to the victim (see section above on family treatment).

Treatment for Adults

Herman and Schatzow (1984) studied short term group therapy with women who had experienced incest. Participants were interviewed and selected for the study on the basis of three factors: (a) they had expressed an

interest in participating in the group, (b) they were functioning adequately in their own daily lives, and (c) they were currently involved with an individual therapist. The group consisted of weekly 90-minute sessions for a period of ten visits with one six month follow up. The authors found three factors that appeared to impact the effectiveness of treatment. First, the safety provided by the group setting decreased feelings of isolation and loneliness. Second, the ventilation of feelings provided some relief of pain. Third, through sharing information, group members were exposed to a new cognitive framework with which to understand the traumatic experience. A six-month follow up questionnaire revealed that the group members had found this therapy approach to be extremely effective, especially in allowing them to process and obtain some relief in the areas of shame, secrecy, and stigmatization.

Cole (1982) suggested that at the beginning phase of treatment it is important for victims to hear that the abuse was not their fault, that they lacked the power to stop the abuse, and that this lack of power was also not their fault. Next, they need the opportunity to tell their story in their own way and at their own speed. Another helpful step involves enabling victims to admit anger and other strong, often confusing emotions. Expressing these feelings within the context of a group of other incest survivors dispels the myth that the victim is alone and potentiates the healing process. "Recuperation can be slow and difficult, but it is possible. Survivors can deal with the pain, trauma, and anger, and go on to live satisfying lives" (Cole, 1982, p. 87).

Canavan et al. (1992) have suggested that there are several factors to consider when evaluating clients to determine if incest has been a part of

their history. Some indicators include low self esteem, self destructive behaviors, sexual problems, physical complaints, and/or social isolation. While not diagnostic of sexual abuse, a pattern of these symptoms is highly suggestive of sexual abuse. These authors imply that it may be harder for victims of sibling abuse to admit to such, due to the age equivalency, because they may feel that they are responsible for the occurrence of abuse. These cues therefore may have important treatment implications. The initial phase of treatment may include desexualizing the experience and allowing the victims to recognize their lack of power in the face of the abusive, power oriented behavior on the part of the aggressor.

Canavan et al. (1992) cautioned that it is necessary for professionals to be flexible in their treatment approach and to take into consideration the "readiness" of the client. For example, a victim may deny that the abuse had any significant impact. The victim may assert instead that the abuse was simply a part of the past and is no longer relevant. Although the therapist does not want to cause trauma where healing has occurred, Canavan et al. cautioned that this is most likely a defense. Another example in which the readiness of the adult survivor patient must be considered is in family therapy which may not be the treatment of choice for emancipating women. There should be careful consideration as to whether the client is willing and the family is available and how the timing of including family members in therapy might be most helpful.

Summary and Conclusion

This paper has reviewed the current research literature on inappropriate sexual interactions between children, representing a very new

area of research in which the issues are broad and diverse. Because it was difficult to make a clear comparison between studies, the following procedure was used: (a) the normal sexual development of a child was reviewed to establish a baseline for normal versus inappropriate sexual contact between children, (b) a definition of inappropriate sexual contact between children was developed based on a synthesis of definitions that have been utilized by child sexual abuse researchers. Empirical studies were then reviewed in order to obtain prevalence figures on inappropriate sexual interactions between children, thus documenting the existence and magnitude of the problem. Dynamics in sibling incest families were reviewed and common family patterns were described.

Inappropriate sexual interactions between children is beginning to gain greater attention in the research literature. There appear to be strong negative reactions to such sexual abuse, which also appears to have longterm harmful effects on the victim and perhaps on the perpetrator. Despite the lack of breadth and range of studies, most researchers agree that inappropriate sexual interactions between children may cause significant dysfunction for the victims. For this reason it is an area that requires further research effort.

The purpose of this review has been to focus on some of the methodological difficulties evident in the literature on inappropriate sexual interactions between children. In addition, the review has attempted to draw together and to identify themes and general findings in what constitutes a relatively small body of relevant literature in the period from 1972 to 1990. Overall, the research effort appears to have been lacking in organization and coordination. Future research in this area would benefit from a coordinated effort between researchers in an effort to establish a more standardized

research protocol. A review of the literature has shown the need for research activity narrowed to inappropriate sexual contact in specific populations, that is, discrete research in respect to sibling incest, cross-generational incest, and inappropriate sexual interaction between non-related children. Overall, the attempt has been made in this review to show that inappropriate sexual contact between children can have a significant, longterm impact on them into the years of their adult lives, so much so that the need for increased research activity in this area is imperative and urgent.

REFERENCES

Anderson, D. (1979). Touching: When is it caring and nurturing or when is it exploitative and damaging? Child Abuse and Neglect, 3, 793-794.

Arndt, W. B, Jr., Foehl, J. C., & Good, F. E. (1985). Specific sexual fantasy themes: A multidimensional study. Journal of Personality and Social Psychology, 48, 472-480.

Arndt, W. B., Jr., & Ladd, B. (1981). Sibling incest aversion as an index of Oedipal conflict. Journal of Personality Assessment, 45, 52-58.

Ascherman, L. I. (1990). Sibling incest: a consequence of individual and family dysfunction. Bulletin of the Menninger Clinic, 54, 311-322.

Banmen, J. (1982). The incidence, treatment and counseling of incest. International Journal for the Advancement of Counseling, 5, 201-206.

Bess, B. E, & Janssen, Y. (1982). Incest: A pilot study. Hillside Journal of Clinical Psychiatry, 4, 39-52.

Burgess, A. W., & Holmstrom, L. L. (1975). Sexual trauma of children and adolescents: Pressure, sex and secrecy. Nursing Clinics of North America, 10, 551-563.

Canavan, M. M, Meyer, W. J. III, & Higgs, D. C. (1992). The female experience of sibling incest. Journal of Marital and Family Therapy, 18, 129-142.

Cole, E. (1982). Sibling incest: The myth of benign sibling incest. Women and Therapy, 5, 79-89.

Daie, N., Witztum, E., & Eleff, M. (1989). Long term effects of sibling incest. Journal of Clinical Psychiatry, 50(11), 428-441.

De Jong, A. R. (1989). Sexual interactions among siblings and cousins: Experimentation or exploitation? Child Abuse and Neglect, 13, 271-279.

DeYoung, M. (1981). Siblings of Oedipus: Brothers and sisters of incest victims. Child Welfare, 60, 561-568.

Di Pietro, S. (1987). The effects of intrafamilial child sexual abuse on the adjustment and attitudes of adolescents. Violence and Victims, 2, 59-78.

Finkelhor, D. (1980). Sex among siblings: A survey on prevalence, variety and effects. Archives of Sexual Behavior, 9, 171-194.

Fortenberry, J. D., & Hill, R. F. (1986). Sister-sister incest as a manifestation of multigenerational sexual abuse. Journal of Adolescent Health Care, 17, 202-204.

Herman, J., & Schatzow, E. (1984). Time-limited group therapy for women with a history of incest. International Journal of Group Psychotherapy, 34, 605-616.

Husain, A., & Chapel, J. L. (1983). History of incest in girls admitted to a psychiatric hospital. American Journal of Psychiatry, 140, 591-593.

Jackson, J. L., Calhoun, K. S., Amick, A. E., Maddever, H. M., & Habif, V. L. (1990). Young adult women who report childhood intrafamilial sexual abuse: Subsequent adjustment. Archives of Sexual Behavior, 19, 211-221.

Johnson, T. C. (1988). Child perpetrators--children who molest other children: Preliminary findings. Child Abuse and Neglect, 12, 219-229.

Kaslow, F., Haupt, D., Arce, A. A., & Weblowsky, J. (1981). Homosexual incest. Psychiatric Quarterly, 53, 184-193.

Lukianowicz, N. (1972). Incest II: Other types of incest. British Journal of Psychiatry, 120, 301-313.

Madonna, P. G., Van Scoyk, S., & Jones, D. P. H. (1991). Family interactions within incest and nonincest families. American Journal of Psychiatry, 148, 46-49.

Margolin, L., & Craft, J. L. (1990). Child abuse by adolescent caregivers. Child Abuse and Neglect, 14, 365-373.

Martin, M. J., & Walters, J. (1982). Familial correlates of selected types of child abuse and neglect. Journal of Marriage and the Family, 44, 267-276.

Mrazek, D. (1983). Long-term follow-up of an adolescent perpetrator of sexual abuse. Child Abuse and Neglect, 7, 239-240.

Muram, D. A., Speck, P. M., & Gold, S. S. (1991). Genital abnormalities in female siblings and friends of child victims of sexual abuse. Child Abuse and Neglect, 15, 105-110.

Russell, D. E. H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. Child Abuse and Neglect, 7, 133-146.

Silbert, M., & Pines, A., (1981). Sexual child abuse as an antecedent to prostitution. Child Abuse and Neglect, 5, 407-411.

Sirles, E. A., & Franke, P. J. (1989). Factors influencing mothers' reactions to intrafamily sexual abuse. Child Abuse and Neglect, 13, 131-139.

Smith, H., & Israel, E. (1987). Sibling incest: A study of the dynamics of 25 cases. Child Abuse and Neglect, 11, 101-108.

Wiehe, V. R. (1990). Sibling abuse: Hidden physical, emotional and sexual trauma. Lexington, MA: Lexington Books.

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